

## Foster Family Home - Corrective Action Report

Provider ID: 1-170043

Home Name: Shirley Baldonado, CNA

Review ID: 1-170043-3

94-1121 Kaloli Loop

Reviewer: David Ayling

Waipahu

HI 96797

Begin Date: 5/14/2019

### Foster Family Home

### Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 2 person CCFFH recertification made on 5/14/19.

6.(d)(1) - Home is in compliance with all requirements. Home will receive a 2 bed certification.

David Ayling  
Compliance Manager

SBaldonado  
Primary Care Giver

5/14/19  
Date

5/14/19  
Date